

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## I.

### REMARKS ON THE INJURY OF THE LENS.

By R. T. HUNT, Assistant Surgeon  
to the Eye Institution, and Surgeon  
to the Lying-in Hospital, Man-  
chester.

THE extraction of the lens when dislocated from its capsule, and lying in the anterior chamber, is a practice which has generally been advocated by those who have particularly attended to ophthalmic surgery, and indeed extraction of the cataract seems to have been first attempted in consequence of Petit's extracting an opaque lens, which had become so displaced as to occupy the anterior chamber. This plan of treatment appears, however, to have been confined to those cases in which dislocation of the lens and its consequences were the only injuries the eye labored under. I am not aware that any writer had noticed the utility of early extraction in injuries of the eye, until the appearance of Mr. Barton's paper on that subject, in the *Medical Gazette* of March 20th, 1830. Since that period, a considerable number of complicated injuries of this organ have been thus treated at the Manchester Eye Institution, and the general result is such as will at least entitle this method to further consideration. It may be right to men-

tion, that nine of these cases were published in the 4th No. of the *North of England Medical and Surgical Journal*, in a "Report of the advantages of extracting the Lens in such injuries."

When a considerable period has elapsed after the accident, previously to the examination of the patient, there is much difficulty in determining which of the diseased changes in other parts have been produced by injury simultaneous with that of the lens, and which are to be considered as consequences of the lens' displacement. For instance, a blow on the eye dislocates the lens without immediately affecting the retina; this latter structure, however, gradually suffers, in consequence of the lens remaining dislodged, and amaurosis is the result. In another case, the blow which dislocates the lens causes concussion of the retina, and instant amaurosis. Suppose they are examined six weeks afterwards, when the injured eyes of both patients have become amaurotic; how can an observer then distinguish one case from the other? But let the lens be extracted in such an instance as the former, as early after the accident as is possible; this will certainly prevent that injury of the retina which the displacement of the lens from its natural situation is stated as having produced. I have

stated that amaurosis may occur, not only as an accompaniment of dislocated lens, but also as a consequence of such an injury. This is rendered more than probable by the frequent supervening of this disease upon the operation for depression, in which the lens is dislodged with much less injury to other structures than when its displacement is caused by a blow. After the operation, patients frequently possess good vision for a time, which subsequently deteriorates, the case terminating in amaurosis. When, therefore, greater violence causes the dislocation of the lens, it is not assuming too much to state, that there will be at least an equal risk of the retina becoming affected. The lens was extracted in three of Mr. Mackenzie's cases; but although its removal appears, in every instance, to have relieved the pain and irritation which had previously existed, yet very little improvement of vision resulted, owing probably to the length of time which had elapsed before this practice was resorted to; for as the lens produced such severe symptoms, after the eye had been so long accustomed to its new position, it is evidently reasonable to conclude, that an equal, if not greater, degree of irritation must have existed soon after the occurrence of the injury. The author recommends extraction, not only in cases of dislocation of the lens, where other parts are uninjured except by its displacement, but also where other structures (the cornea, for instance) are implicated in the injury; but this recommendation is not clearly stated; it is merely implied in the treatment adopted, particularly in Case III., and in the observation, that "The lens was extracted by Mr. Rainy with the same striking relief which

extraction generally affords in such cases." Upon carefully examining Mr. Mackenzie's *Practical Treatise on the Diseases of the Eye*, in which no such observation occurs, I conclude that the practice has been adopted since his publication of that useful work; and it would be a great addition to the evidence, of the advantages of extraction in such instances, already before the profession, if one, who has long possessed and still retains such ample opportunities for the observation of diseases and injuries of the eye, would make public his favorable report of such treatment.

Whilst writing the foregoing observations, a very unusual case of dislocation of the lens came under my notice, viz. that which Mr. Mackenzie calls the sixth variety of this injury.

Thomas Siddal, a weaver, ætat. 66, received a severe blow on the eye on October 18th, which caused much swelling of the eyelids, &c. After this had subsided, he found his vision injured, and applied at the Institution on the 24th. There is a semi-transparent tumor at the upper part of the eyeball, of a roundish form, about the size of a large bean, apparently produced by some body lying between the conjunctiva and globe, immediately behind the ciliary ligament. The cornea is perfectly free from injury; the iris detached from the ciliary ligament on the temporal side, and drawn upwards towards the swelling already noticed, so as to distort the pupil, which is rendered still more irregular by effused blood adhering to the lacerated iris. There is a slight degree of intolerance of light, and considerable vascularity of the sclerotica and conjunctiva; but the pain is much less severe than might be expected from the extent of in-

jury. There is no constitutional irritation.

Considering the tumor as formed by the dislocated lens, I passed a cornea knife through the distended conjunctiva, when the lens was easily removed entire; it was perfectly transparent, and of the yellow color usually found in advanced age. Its removal was not attended by any escape of either vitreous or aqueous humor, and the lids were kept closed by court plaister, in the usual manner.

Oct. 28th.—The progress of the case, up to the present time, is very favorable. He can now distinguish objects, and there is no appearance of opacity in the pupil; but when the extent of injury and the age of the individual are considered, it would not be judicious to expect that even the present degree of vision will remain. I shall reserve a more accurate report of the case until I am enabled to state the condition of the eye when a considerable period has elapsed since the occurrence of the accident.

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## II.

### AMPUTATION OF THE HIP-JOINT.

By JOHN MACFARLANE, M.D.,  
Senior Surgeon to the Glasgow  
Royal Infirmary, &c.

ELIZABETH KERR, two years of age, was admitted about 11 o'clock of the forenoon of 6th July last, on account of a compound fracture of the left femur, in its upper third, with extensive laceration of the muscles and integuments. This severe injury was produced, an hour and quarter before, by the wheel of a loaded waggon passing obliquely across the upper part of thigh. The bone was fractured transversely, a little below the tro-

chanter, and completely denuded of integuments and muscles anteriorly, to within an inch of its condyles. Posteriorly the soft parts were also dreadfully lacerated and contused, especially at the upper boundary of the popliteal space, where the limb was only retained by a narrow flap of integument and muscle. The femoral artery and vein were torn across, opposite the fracture, but the bleeding was trifling, and consisted only of a slight oozing from the latter vessel and from the lacerated surface. There was also a compound comminuted fracture of all the phalanges of the left little finger.

The child was carried to the hospital from a distance of two miles, the injured limb being extended on a pillow. The countenance was pale and anxious, the pulse rapid and feeble, and the body cold. The usual expedients for exciting reaction were promptly adopted; heat was applied to different parts of the body, and warm wine negus administered. A consultation was immediately called, and I saw her for the first time at a quarter to 12. She still lay in a state of collapse, but was quite sensible, and cried bitterly when the limb was examined.

From the nature and extent of the injury, it was sufficiently evident that the child's life could only be preserved by amputation at the hip-joint. This operation I was anxious at once to perform, but from the absence of my colleagues it had to be delayed, and a second consultation summoned at 1 o'clock. At this hour I was favored with the presence and assistance of my friend, Dr. Perry, with whose concurrence I immediately proceeded to the operation.

An outer and an inner flap were

formed by transfixing the limb with Lisfranc's knife, which was passed so closely around the head of the femur as completely to divide all its muscular coverings; the capsular ligament was opened with a scalpel, the bone disarticulated, and the limb removed; the femoral artery was effectually compressed by an assistant, and not more than six drachms of blood were lost; five vessels were secured by ligature, after which the flaps were brought together, and retained in apposition by adhesive plaister, compress, and bandage.

During the operation the child was exceedingly weak, and before the wound could be dressed it was in a state of syncope, and appeared to be dying; the pulse at the wrist was imperceptible, and it was even with difficulty the pulsations of the femoral artery in the wound could be discovered; the face was deadly pale, and covered by clammy perspiration; the body cold; the eyes fixed in their sockets; the pupils dilated; and the breathing hurried, interrupted, and laborious. Stimulants were freely administered, and the child was removed to bed, having been about twenty minutes on the table. She lay in a state of collapse and insensibility till 7 P. M. when, after vomiting once or twice, reaction was gradually established. At 8 the stimulants were discontinued; the pulse was 130; skin hot and dry; the fractured finger was now removed and a poultice applied.

Ol. Ricini, 3ij. et post hor. duas enema domestic. Mistur. Diaphor. c. Vin. Antimon. 3tia q. q. hor.

7th.—The child is not weaned, and has been sucking freely; was much annoyed with startings during the

night; pulse 140; skin hot and dry; respiration hurried; no oozing from wound.

Submur. Hydr. gr. ij. et rept. post hor. quatuor. Contin. Mistur.

Half-past 7, P. M.—Has been in a drowsy state since two o'clock, from which she can with difficulty be roused; eyes clear and sensible to light; pupils contracted; increased heat of skin, and flushing of face; troublesome startings; pulse 160, feeble; no stool.

Enema domestic. Abrad. Capill. Bladder with iced water to head. Contin. alia.

8th.—Is more alert, and answers questions readily; respiration still hurried, and there is mucous râle in trachea; pulse 160; bowels free.

9th.—Had rather a quiet night, with less starting; tongue cleaner. On undressing wound, flaps were found adhering throughout, except a small portion at upper angle, which is sloughy.

Omit. Medic. Four ounces beef-tea.

11th.—Pulse still very rapid, but febrile excitement diminishing. Edges of wound clean, cut granulations pale.

Vin. Rubri, 3j. in dies.

13th.—Was more restless last night, and is troubled with cough, dyspnoea, and occasional vomiting. Mucous râle is heard over the whole thoracic parietes. Countenance rather sunk; frequently refuses the breast; pulse very rapid and weak.

Mistur. Mucilag. c. Træ Opii. Calomel, gr. ij. 4ta q. q. hor. Contin. Vin.

Without continuing the diurnal reports, I may shortly state, that the symptoms of bronchitis continued rather urgent till the 19th, when they began gradually to diminish. From the 22d till the 6th of

August, although the wound continued steadily to heal, there existed a good deal of irritability of the bowels, accompanied by diarrhœa, and an aphthous state of the mouth. During this period, three molar teeth cut the gum, and ultimately gave relief to the symptoms. The wound gradually healed; the child improved daily in strength and spirits, and was dismissed cured on the 13th of August.

There were several points in the history and progress of this case which rendered the prospect of its ultimate success extremely problematical. The extensive nature of the injury, and the alarming collapse which it produced, might have reasonably deterred almost any surgeon from undertaking, in circumstances so apparently hopeless, the performance of so severe and formidable an operation as that of amputation at the hip-joint. On first examining the injured limb, I was induced to view the case as almost, if not altogether, hopeless. It was only, however, by amputation that the child's life could be preserved; and although I was aware that this operation might, in a subject so young, and already so much sunk by the shock of the injury, be productive of immediately fatal consequences, I considered that I should have failed in my duty had I not recommended and adopted it. I regretted at the time the delay that took place in obtaining a consultation. The child was in a more favorable state for amputation at eleven than at one; and had it been performed two hours sooner, I am convinced that the shock to the nervous system would have been lessened by its nearer approximation to, and by its becoming in some measure blended with, the shock of the injury. It was evident that the collapse

which existed before, and for about five hours and a half after amputation, was not occasioned by loss of blood, but depended on the depressed condition of the nervous system, produced by the injury and aggravated by the operation. With the view of lessening as much as possible the injurious effects of the operation upon the nervous system, I was anxious to perform it rapidly, and with little loss of blood. Both these objects were in part attained. The formation of the flaps, disarticulation of the femur, and removal of the limb, did not occupy a minute and a half, and not more than six ounces of blood were lost. I am no advocate for the hurried performance of operations: nevertheless, it must be admitted that when the pain and irritation of a tedious and protracted operation come to tell, as they must do, injuriously on a constitution which has already sustained a violent shock, the most serious consequences may be anticipated; and we are certainly warranted, in such circumstances, in expediting the operation as much as is consistent with its safe and efficient performance.

The youth of the child was also inimical to the success of the operation. The physical irritability which exists during the two or three first years of childhood is so great as to render the performance of any capital operation extremely dangerous. I am not aware that there is any case on record in which amputation of the femur at the cotyloid cavity has been performed on so young a subject, and I have been chiefly induced to communicate this case to the profession, in order to show, that in serious injuries inflicted on young children we ought not altogether to despair of success, even in the most desperate circum-

stances, but to proceed with those operative measures which the peculiarities of the injury may demand. I must state, however, that I have witnessed amputation of the hand twice on children under three years of age, and in both cases convulsions supervened, and proved fatal in less than twenty-four hours. We would not willingly select such cases for operation, neither should we decline to use the knife when it is absolutely called for.

We had not only the immediate dangers of the operation to deal with in the case of Kerr, but we had also to contend with a series of untoward occurrences during the progress of the cure. 1st. The collapse was unusually severe and protracted; and, as generally happens, was productive of excessive excitement. 2d. The continuance of this febrile excitement, for eighteen hours, produced an affection of the brain, accompanied by partial coma. 3d. The occurrence of bronchitis, which was rather protracted and severe, was another source of danger; and, 4th, the existence of troublesome diarrhoea, with dentition. The child not having been weaned was, I think, also detrimental to its recovery. The continued anxiety of the mother; her absence from her family, and her close confinement in the hospital, occasioned a continued diminution, and, occasionally, an almost complete suspension of the secretion of milk; and as the child refused spoon-meat of all kinds, it must be obvious that she was often imperfectly nourished. Since she was dismissed from the Infirmary, she has completely regained her health and strength, and she is now able to move about the house with the aid of crutches.

### III.

#### CASE OF OVARIAN DROPSY COMPLICATED WITH PSOAS ABSCESS AND PREGNANCY, SPONTANEOUSLY SUBSIDING.

By THOMAS FEREDAY, M.D., Dudley.

Mrs. HALL, æt. 40, of naturally healthy constitution, and fresh-colored countenance, had a child in the year 1810, ten months after marriage, and in the twentieth year of her age. Her husband died, and she again married in 1814, and eighteen months afterwards had a second child.

About eight years ago she had uterine disturbance to such a degree as induced her medical attendant to tell her she would bear no more children. What this affection was I cannot satisfactorily learn, the practitioner to whom she applied being dead. She says that the purulent discharge continually issued from the neighborhood of the uterus, and that a large bougie was occasionally introduced up the vagina. From this and the attendant constitutional symptoms she recovered in about four years.

Menstruating regularly, she again conceived about Midsummer, 1830, sixteen years from the birth of her last child, attended, during the early months, with an aggravation of the usual symptoms of pregnancy.—These subsided, but recurred towards its close, accompanied with pain in the loins, a tenderness and tumefaction in the right iliac region, pains in the hips, numbness of the right thigh, a disagreeable taste in the mouth, and slight fever.

March 10th.—The predominant symptoms are the shooting pains in the loins, the numbness of the thigh, and the nauseous taste in the mouth, compared by the patient to rotten eggs. There is an enlargement,

about the size of a child's head, with rather indistinct fluctuations to the right of the spinous processes of the lumbar vertebrae.

23d.—The pain in the back has been so severe for the last week that the patient has been confined to her bed. There is evidently a deep-seated fluctuation. A puncture discharged about a quart of good pus, with great ease to the patient, but had no apparent influence upon the ovarian (?) swelling. The wound was closed with sticking plaster, and a flannel roller bound round the loins. In the course of the evening, and after some hours severe pain, the dressings gave way, letting out a quantity of matter, nearly equal to that withdrawn in the morning, and with as great relief.

24th.—There has been severe pain in the back, shooting from thence along the course of the psoas muscle, with much bulging in the former part. For the first time, too, an oblong swelling, about the size of a large hen's egg, is observed midway between the crista of the ilium and the os pubis, above Poupert's ligament, and apparently in the direction of the inguinal canal. The ovarian (?) tumor remains pretty nearly in the same state. The contents of the abscess in the back were again discharged, by which the inguinal swelling was lessened.

In the night labor came on, but so reduced was the patient, from want of rest, suffering, and great secretion, that she became alarmingly exhausted after a few hours continuance of labor. The mouth of the womb being fully dilated, and the head of the child at the brim of the pelvis, (too high to admit of the application of the forceps with effect,) I judged it more advisable to

deliver by turning, than subject my worn-out patient to a repetition of inefficient pains, gradually becoming weaker. I effected this with very little difficulty, and no violence, the uterus scarcely recognizing the presence of my hand. The placenta and membranes were expelled in about a quarter of an hour by the natural contraction of the womb, the latter organ being distinctly felt as a round hard ball in the hypogastric region. Yet the abdomen did not appear lessened, and it was thought by the attendants that there was still a child *in utero*. It was evident, however, that the enlargement occupied principally the right side. After remaining quiet a full hour, I had her very quietly put to bed, and administered thirty drops of laudanum in a little warm wine and water.

25th.—The swelling in the iliac region continues, as do the pains in the hips, the numbness of the thigh, and the disagreeable taste in the mouth. There is about the usual quantity of lochial discharge.

In the evening of the 26th I was sent for in great haste in consequence of a great and very sudden discharge of watery fluid from the vagina, estimated by the attendants at two or three gallons, but admitting of no accurate measurement, as it escaped among the bed-linen. The ovarian (?) swelling disappeared; the pain in the hips, and the numbness of the thigh, subsided; and, for the first time for a month, the patient had a comfortable night's sleep. From this time she became convalescent; the discharge from the back continued unabated for about a fortnight, and then very slowly, but gradually, decreased; a small quantity, however, still remains, with but little pain, and scarcely any inconvenience. The



ovarian (?) disease, with its attendant symptoms, vanished; the pulse, which during the whole progress of the case had been accelerated, became more quiet; and the tongue, which had been coated with a white fur, became clean; whilst by nourishment and fresh air she acquired sufficient strength to suckle her child. Both are now (October), and have been for some months, stout and healthy, the mother having long resumed her ordinary domestic avocations.

In relating this case, it is obviously not with an intention of describing the treatment adopted: that was necessarily very simple, and such only as tended to relieve general and urgent symptoms. This, therefore, I have not deemed it necessary to introduce.

The great peculiarity consists in the spontaneous discharge of a thin and limpid fluid from the vagina, attended with the immediate subsidence of an intumescence in the right iliac region, together with its attendant consequences, pain in the hip, numbness in the thigh, and disorder of the stomach. These symptoms are readily accounted for; the former from the pressure of the swelling upon the anterior branches of the lumbar and sacral nerves, the latter from the universal sympathy which exists between the generative organs and the stomach.

Now it would seem that the right ovary was predisposed to disease in consequence of the disturbance that existed in the uterus years back, when, possibly, adhesive inflammation had agglutinated the fimbriated extremity of the fallopian tube to the ovary, and that the process of utero-gestation had proved the exciting cause to the dropsical effusion, (in which, perhaps, the fallopian tube was implicated,) which, by

the bursting of the sac which contained it, had been transmitted through the tube to the uterus, and thus effected its escape.

It could not have been dropsical effusion of the uterus, for that would have required a closure of the cervix during its formation, which would have been incompatible with a constant and free discharge of the lochia. The same may be said of that irritable state of the vessels secreting the liquor amnii to excess, as mentioned by Dr. Mason Good. It could not have been an hydatid, for it must have had an envelope; its expulsion, too, would have required much uterine pain; in addition to which, the uterus was distinctly recognized as a firm and hard tumor in the hypogastric region, totally distinct from that I considered the ovarian enlargement.

It is universally admitted that a vesicle in the ovary bursts from the stimulus of the seminal fluid, and that the ovum is conveyed from thence through the fallopian tube to the uterus; and why, by a sudden movement of the body, or other agent, may not the sac of an ovarian dropsy be lacerated and its contents escape into the uterus?

If, then, this view be correct, it must be considered a very fortunate and rare termination of a disease very little under the control of medicine. Such an event must not frequently be expected.

I have purposely avoided much notice of the abscess, evidently a psoas. It was unusually rapid in its formation and reproduction, and unattended with disease in the vertebræ. It had been punctured in the back before it pointed in the groin. A depending opening would certainly have expedited the healing, but one was already made, and I hesitated making another through



the aponeurosis of the abdominal muscles, thereby rendering weaker a part already too susceptible of important diseases.

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#### IV.

##### WARM AIR BATH.

By W. WOODMAN, of Exeter.

ON Monday morning, November 7th, I received an urgent message to see Elizabeth Sprague, aged 65, residing in a very confined part of the city. On my arrival I found her writhing with agony, and complaining of excruciating pain and icy coldness of the stomach. The surface of the body was quite cold, the countenance anxious, the pulse almost imperceptible. She informed me she had been in that state about half an hour, but had been complaining all night of some pain in the stomach, with cramps in the legs, and had not been well since Saturday; she had not vomited or been purged, and the cramp had now left the legs; tongue clean and moist.

I immediately gave her 30 drops of cajeput oil in a little warm water; in about five minutes she vomited what appeared to be her breakfast; she now felt relieved for a few minutes, but the pain soon returned with its former severity. A large mustard cataplasm was now applied to the stomach, and 20 drops more of the cajeput oil, given in warm brandy and water; she soon after felt rather less pain of the stomach, but the coldness of the surface, the pulse, and other symptoms of collapse remaining unabated, I was induced to use the warm air bath, and am happy to say with complete success, as, in about five minutes the surface of the body became warmer, and in about eight minutes

more it was above the natural temperature, with the pulse full and throbbing, and was attended by complete relief to the stomach. In the evening she felt quite comfortable, with a soft pulse and moist skin.

My intention in reporting the above case is to call the attention of the profession to its resemblance in some of the symptoms to cholera, and to the facility with which, in the short space of thirteen minutes, reaction was completely established, the temperature of the body being raised above the natural standard, and the pulse, from being almost imperceptible, becoming full and throbbing. I should therefore earnestly recommend the different Boards of Health to provide a proper supply of the baths, in order that a fair trial may be made of their utility, should the cholera unfortunately appear among us. Its portability renders it applicable in every instance; and without the least fatigue to the patient we are enabled to surround his body with an atmosphere of warm dry air, which, acting as a stimulus to the whole surface, will tend to relieve internal congestion, and restore the cutaneous circulation to its natural state.

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#### V.

##### CASE OF EPIDROSIS IDIOPATHICA.

By HENRY GEORGE, of Kensington.

I KNOW not whether the opinion is founded in correct observation, but I am disposed to believe that there is something very peculiar in the constitution of the present year—every variety of disease appears to present unusual phenomena. Fevers, if inflammatory, quickly

assume the typhoid character ; or from their commencement give strong evidence of their malignant tendency. The active stage of inflammatory diseases appears to pass as a shadow, and the disturbance which a mere attack of diarrhoea will produce in the vascular and nervous systems but ill accords with the usual and observed effects of that disease. How far these circumstances may be associated with the pestilential state of atmosphere, which at present is depopulating many parts of Europe, it may be difficult to decide, and it remains a point of no trifling moment for our consideration whether these phenomena are to be considered as precursors of future and more fatal mischief, or are to be regarded as modifications of the same calamity. With such impressions, it is to be supposed that every unusual occurrence will be adduced in support of the belief ; nor can I think that the following case, which I offer for insertion in your Journal, in any way contradicts the opinion.

A lady, whose mind and body had been harassed by unremitted attendance on a sick and valued relative until his death, through the day subsequent to that event was troubled with repeated attacks of cramp in the legs, and with general feelings of indisposition. Soon after going to bed she was seized with rigor. No perceptible hot stage followed this state of collapse ; but a most profuse perspiration within the space of half an hour covered the whole body ; her back and limbs became painful, with pulsating pains in the head. I saw her for the first time (later than I intended) the evening subsequent to the attack. The pulse was ranging at 130 ; the countenance very anxious ; the perspiration literally pouring from

the face, the skin of which was exquisitely tender (and still remains so) from the constant use of the handkerchief ; and it had been necessary to keep a napkin under the chin to receive the perspiration as it ran down the face ; every part of her body was in the same state ; she had had no sleep ; there was great sense of weakness in the abdomen, with unusual and most distressing flatulency. I ordered the following medicines, directing that she should be kept moderately cool, and no warm fluids to be given.

R. Confect. Arom. 3ss.

Tr. Hyos. 3ss.

Sp. Ether, Nit. 3ss.

Tr. Card. c. 3ss.

Aq. Puræ, 3x. M. fiat haust.  
stat. sumend et post hor.  
quatuor repet.

Early the next morning I found her with the pulse reduced to 100 beats in the minute ; the perspiration had considerably decreased since four o'clock in the morning, though up to which time it had continued with unabated violence ; head still painful ; great uneasiness in the back ; the flatulent state of abdomen greatly relieved.

R. Extract Conii, gr. xvj.

Tr. Cardam, comp. 3ss.

Inf. Rosæ, 3ijj.

Aq. Cinn. 3iiss. M. fiat mist.  
cujus. capt. 4tam part. 4tis  
horis.

In the evening I found her with the skin in a natural state ; pulse 80 ; no pain in the head or back, but excessively weak. I continued the sedative, and ordered a mild aperient for the morning. On my next visit I found she had passed a comfortable night ; skin in a natural state ; pulse regular ; I continued the sedative every six hours. Two days subsequent to this visit she complained of nothing but debility.

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**SKETCHES OF THE HISTORY OF  
MEDICINE.**


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*Pathology and Practice of Hippocrates.*—Hippocrates, unlike many of his predecessors, made less account in his pathology of proximate than of remote causes of disease; contenting himself with tracing them to their obvious sources, without any subtle discussion of their intimate nature and essence. A few speculations only on immediate causes are to be found scattered here and there in his works. Thus he explains inflammation by the influx of the blood into new channels, and barrenness by the elementary qualities of the uterus. He refers spasm to two general causes, fulness and exhaustion; and explains urinary calculi as owing to the accumulation of sandy particles contained in the urine.

The particular remote causes which most attracted his attention were the air, the winds, and the prevalent constitution of body. He carefully indicated the changes produced in the constitution by the influence of season. He regarded the variations of weather from one season to another as a sufficient reason for the maladies peculiar to each. His observations on this subject, though ingenious, were sometimes mistaken, because he did not sufficiently admit into his estimate the influence of accidental causes. Thus, when he met with a particular disease in a country having a certain exposure, he, without hesi-

tation, attributed the malady to this circumstance. He regarded a north wind as a cause of abortion and hydrocele, and that from the east as producing fruitfulness. He even supposed that the peculiar qualities presented by the water in different countries, were owing to the prevalent winds to which they are severally exposed. There are likewise many of his maxims which, though accurate in reference to the countries which formed the field of his observation, do not admit of general application, and, in the general form in which they are stated, are inadmissible.

Hippocrates was the first to establish the three general periods in disease, namely, crudity, coction, and crisis. His view of the subject appears to have been, that the morbid principle must, before being expelled, undergo an elaboration from nature or from the integral heat. He has indicated the signs of these three periods, and the symptoms which announce a favorable termination or metastasis of disease. He observed that nature is subjected to certain regular periods, and that in fevers especially the morbid matter is evacuated on certain days from the onset of the disease. These days, which were principally the 4th, 7th, 11th, 14th, 17th, and 20th, were called excellent or critical. The qualities attributed to these days seem to have been wholly derived from observation, and unconnected with any supposed virtue in the numbers themselves. It is needless to add that they cannot all be now recognized as critical in fever. The general fact, however, of perio-

dicity in disease, has been distinctly observed in modern times; and if the regularity observed by Hippocrates is no longer remarked, the change introduced by modern habits of living, and still more the influence of the active practice now adopted, compared with the simplicity of the ancient mode of treatment, may serve in some measure to explain the difference.

Among the evacuations which he regarded as critical, may be mentioned those by stool and urine, particularly the latter, the qualities of which, and among these the sediment deposited, he considered as signs of the first importance in disease. There are also many instances mentioned in his works, where the disease was terminated by critical perspiration.

The circumstances regarded by Hippocrates in examining the state of a patient, were principally the general appearance, the state of the eyes, the position of the body, its color and temperature, the increase or diminution of its volume; the state of the respiration, of the intellectual faculties, and of the other functions. He made no account of the pulse, at least of its general indications; though he appears sometimes to have noticed the unusual action of the arteries.

Regimen, a point of the utmost importance both in the treatment of disease and in the preservation of health, appears to have attracted his particular attention. This branch of science had, till his time, been almost wholly overlooked by physicians, so that he may properly be

regarded as its founder. Before this period, indeed, dieting had been enjoined by the gymnasiarchs as a means of increasing the strength of their pupils, and from them, perhaps, Hippocrates obtained his first notions on this subject.

The first precept of his dietetics is to continue all habits which are not absolutely injurious. Even if hurtful in themselves, it is often better to continue them, than to make sudden and violent changes. Such changes are always prejudicial, and therefore, in passing from one mode of living to another, the transfer should always be made by slow degrees. Among the maxims contained in his aphorisms, are these: that excesses of all kinds are dangerous; sleep and watching, rest and motion, repletion and evacuation, must be restrained within those bounds which are prescribed by nature: that people in health should abstain from all medicine, and especially from cathartics: that a severe regimen in health is more injurious than a less restricted mode of life, because in the former even a slight variation from the rule, and such as circumstances may render unavoidable, may yet be attended with the most injurious consequences.

As respects regimen in acute disease, the principle he adopted was, that the processes instituted by nature tend to the elimination of the morbid matter, and that these should be as little interfered with as possible, by making any demand on the digestive powers of the system. Hence, we find him expressing himself in language like the following:

"Nothing ought to be given to the patient when the affection is increasing, and especially toward the period when the crisis is about taking place. We should without delay prescribe a severe diet, when the violence of the disease is severe from the beginning. It is necessary to examine the strength of the patient, in order to determine whether he is able to support an absolute privation of aliment up to the moment when the affection reaches its greatest degree of intensity. The quantity of nutriment administered should not be increased without the greatest circumspection. It is often useful to prescribe total abstinence when the patient is strong enough to support it through the whole course of the fever: but in the application of these rules, we must always pay attention to the violence of the disease, to its cause, to the constitution of the patient, and to the habits which he has contracted in regard to food and to drink."

The advantage of dilution in fevers was as fully recognised by Hippocrates, as it is by physicians of the present day. In this view he prescribes to his patients various drinks, of which they were to make constant use, without taking at the same time any nourishment whatever. Among diluents to be employed in these cases, he gave the preference to the decoction of barley, and in fact devotes the principal portion of his book on regimen in acute disease, to the mode of preparing and administering this article. Gruel being a real aliment, it should only be given in certain circum-

stances. Hippocrates always interdicted its employment when he prescribed purgatives, or when circumstances indicated that nature was terminating the process of coction, and that the crisis was about to take place. He also proscribed it in fevers, when the primæ viæ were loaded with crudities. If, however, he wished to nourish lightly and at the same time to favor the natural process of the disease, he ordered gruel strained through cloth, changing from this to the simple decoction, as circumstances rendered it necessary. He regulated by exact rules the use of wine, milk, mineral waters, baths, fomentations, air, and other dietetic remedies, which he judged important.

With the consideration of his curative methods, we shall conclude our account of Hippocrates.

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#### THE CHOLERA.

Among the remarkable incidents which will attract the attention of posterity to the age in which we live, few will stand out in stronger relief than the birth and ravages of this fatal pestilence. It made its first appearance in August, 1817, on the coast of India. It has spread slowly but steadily, following the great routes of communication between different countries, till it has desolated the fairest portion of Europe, and in the short space of 14 years swept from the earth more than *fifty millions* of human beings. This disease, which far outstrips, in the measure of its fatality, any epidemic known in past ages, and which accomplishes at a single blow what

the worst of its predecessors brought about by a series of inflictions, is now raging in a small seaport in England, from which it will doubtless spread, in a short time, to every other portion of the British Islands; nor can we see any reasonable ground to expect that these States will be spared its dreaded visitation.

Sunderland is a town about one mile and a half long, and one mile broad. One main street runs through the settlement, and this is crossed by others, some of which are narrow and dirty. It contained, in 1821, about 15,000 inhabitants, and probably has, at this time, a quarter part the population of this city. It has about 500 vessels engaged in the coal trade, which convey the coal to London, to France, Holland, and the Baltic; and it was doubtless through the medium of some of these latter, that the cholera was introduced into the town. It was stated that a chest was brought from Riga by one of these vessels, which had belonged to a seaman who had died of cholera at the latter place: that the family of the deceased, who opened the chest and examined the clothes it contained, were soon after attacked by the disease; and that from them it extended to other inhabitants of the town. This short statement, which we have not seen contradicted, is decidedly more important than any other which has yet been made respecting the disease, from the time of its first appearance in India to the present moment. It establishes the contagiousness of the disease by persons and merchandise; it draws an era-

sure over the written opinions of the wisest of those Physicians, who have expressed their belief that the unloading of vessels or other means of purifying their cargoes is unnecessary, and proclaims to all governments the necessity of a rigorous enforcement of the strictest quarantine.

Had the seaman's chest not gained admission into Sunderland, England might yet perhaps be free from this malady;—and our fears that the disease will yet visit this country, rest on the belief that sufficient care *will not* be exercised, through the whole extent of our sea coast, to prevent the occurrence of a similar accident in one place or another. So far as entire protection can be given, let it be given; and let the police of every place reflect, that, with the Sunderland facts before them, they hold as it were at their voluntary disposal, the lives of thousands of their fellow men.

Should all attempts at exclusion be fruitless, we have then to prepare our minds to meet the danger without trepidation, and to seek for consolation in the fact that its worst ravages are among those whose systems are naturally feeble or have been broken down by intemperance:—thus does it prove not only the destroyer, but the improver of the human race—leaving behind those of the strongest constitution of body and of mind.

The part of the faculty is, to examine every detail in the past treatment of the disease, and, from a careful note of its symptoms, to bend every energy of intellect to the dis-

covery of some more efficient means of arresting them.

In the history of disease in this country, we recollect but one that appears to bear any analogy, either in its general mode of attack, its great fatality, or the means most clearly indicated in its treatment, to the present cholera of Europe. The disease to which we refer, is the *spotted fever* which prevailed in the State of Maine, in the year 1814. Its symptoms were more various than those of cholera, and its fatal issue was not quite so speedy. But the attack consisted, in the main, in a sudden departure of the blood from the surface, and an appalling prostration of the powers of life. Having been an eye-witness to this epidemic, it has been recalled to our mind by every history we have read of the symptoms of cholera. We have seen persons, in the fullness of health, suddenly fall under its blow, apparently lifeless; and the sudden and obstinate coldness of the surface, in all cases, gained for the disease the popular name of *the cold plague*.—In no disease have we seen so marked effects from different modes of treatment. Purgatives and venesection were generally followed by fatal results; where calomel was given, the unhappy sufferer often died whilst under its operation; and in spite of most forms of treatment, its ravages were unparalleled in that part of the country. It was at length discovered that a treatment from the first most thoroughly phlogistic—stimulants internally and externally with an unsparing hand—exerted an entire control over the disease. This practice

was pursued, with marked and almost uniform success, by Dr. Page, of Hallowell, aided by that man of Ross, whose benevolence will never be forgotten by the hundreds of his townsmen, to whom it has ever been liberally extended. In the small town of Wiscasset, containing about 2,000 inhabitants, 2 or 3\* were dying daily of this epidemic, until Dr. P. was persuaded to visit the place; and after the day he entered the town, and introduced the mode of treatment that had been so successful at home, *not an individual died of this disease*.

That a similar mode of treatment would be, *more than any other*, successful in cholera, we should think probable, from the general resemblance in the mode of attack; and we shall give a brief account of this practice in our next, hoping it may suggest such a modification of it as the exaggerated symptoms of the latter disease may seem to require.

#### JEWISH TREATMENT OF CHOLERA.

THE following is the mode of treatment adopted by the Jews of Wiesniz in case of cholera; out of 240 individuals in that town attacked by the disease, every one of them was saved by this mode except two, who refused to submit to the plan proposed. The plan is communicated in a letter published in the *Lancet*, and is this:

“The several points of the remedy are as follows: Take a pint of strong spirits of wine, and half a pint of good white wine vinegar; add to them one ounce of powdered camphor, one ounce of flour of mustard, a quarter of an ounce of ground pepper, and a teaspoonful of bruised

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\* Equal to 60 a day in Boston.



garlic; and lastly, half an ounce of powdered cantharides; mix well in a bottle, and expose for twelve hours to the sun, or in a warm place, frequently shaking it. As soon as a person is attacked, let him instantly be put to bed under warm coverlets, and let his hands and feet be rubbed powerfully and uninterruptedly with the liniment made warm. During this operation he must take a glass of strong drink composed of two parts of camomile flowers and one part of balm mint. Persevere in this course, and at the end of fifteen minutes at the utmost, (the patient's head and body being kept well covered beneath the bed-clothes,) he will break out into a profuse perspiration, and must be kept in this state between two and three hours, but on no account be allowed to fall asleep.—After this, remove the extra covering from the bed, and he will fall into a slumber, which will last six or eight hours, and be accompanied by a gentle perspiration; when he awakes he will find himself weak, but the disorder will have entirely left him, and he will require nothing

more than rest and moderate diet to restore him to perfect health. Especial care must be taken, after the operation of rubbing, that the patient does not so much as lift a finger above the bed-clothes, for the slightest chill whilst the perspiration is upon him would be instant death. When there is cramp in the stomach, apply dry bags of bran and ashes very hot to the pit of the stomach, and then apply a bladder of hot water to the region of the navel. The great point is to produce strong perspiration, and restore the circulation of the blood to the surface of the body, from which part the blood is drawn at the commencement of the attack, and thrown with frightful violence on its inward parts."

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Whole number of deaths in Boston for the week ending January 13, 36. Males, 19—Females, 17.

Of inflammation, 1—old age, 3—teething, 1—hooping cough, 1—lung fever, 3—consumption, 6—inflammation in the bowels, 4—infantile, 1—unknown, 4—bowel complaint, 1—croup, 1—influenza, 3—paralysis, 1—scarlet fever, 2—throat distemper, 1—debility, 1—convulsions, 1.

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Dec. 1. copd4.

Brunswick, October 29, 1831.

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